

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7	1		1				57						
8		1		1			58						
9	1		1				59						
10	1		1				60						
11	1		1				61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17	1		1				67						
18	1		1				68						
19	1		1				69						
20			1				70						
21				1			71						
22				1			72						
23				1			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		9				TOTAL IND.						
TOTAL DEP.	19		22				TOTAL DEP.						
TOTAL CLAIMS	28		31				TOTAL CLAIMS						

NOT AVAILABLE COPY